ADMINISTRATIVE OFFICE OF THE TRIAL COURT
INTERPRETER DAILY SERVICE RECORD

Name:_____

Vendor/Customer Code # | Date of Service

Vendor Invoice # | Language

Address:_____

_____

_____

SECTION A: Interpreting Time

Interpreting Hours: *

Total Hours:

Waiting Hours:

(No Lunch Time)

* IF INTERPRETING HOURS IS " 0 " GIVE REASON IN " CASE NAMES " SECTION

A.M.   Judge: Court:

Case Names:_____ Docket # _____

_____   _____

_____   _____

_____   _____

(Use back for additional Names & Docket #s)

P.M.   Judge:

Case Names:_____ Docket# _____

_____   _____

_____   _____

_____   _____

(Use back for additional Names & Docket #s)

COMPENSATION

SECTTION A: Pay Rate	**SECTION B: Mileage and Travel Time**
Hourly Rate = $_____	Total Miles = [____] *If over 40 miles complete the following:
Total Hours = _____ (2 hrs. minimum)	1) Mileage Total Miles x $.40 = [____]
	2) Travel Time Total Miles ÷ 50 = [____] x ½ MCDHH = [____] Legal Hourly Rate
Total [____]	**Total Mileage and Travel Time Reimbursement** [____]

Total Compensation Due (Section A+B)

| | | | | |

SERVICE CONFIRMATION

THE FIRST JUSTICE, CLERK MAGISTRATE, COURT LIAISON OR AUTHORIZED SIGNATORY MUST COMPLETE THIS SECTION.
I have reviewed and approved the case assignment and attendance information of the above-named interpreter. Please initial attendance confirmation.

_____   _____

Please Print Name   Signature

_____   _____

Title   Date

VENDOR'S CERTIFICATION

I CERTIFY THAT THE SERVICES WERE RENDERED AS SET FORTH ABOVE

_____   _____

SIGNATURE   DATE

ATTENDANCE CONFIRMATION

Morning Session	Afternoon Session
Time In: Time Out:	Time In: Time Out:

06/09/09